



## RESPIRATORY EMERGENCIES - PEDIATRIC (Less than 15 years of age)

### FIELD ASSESSMENT/TREATMENT INDICATORS

1. Asthma
2. Toxic Inhalation
3. Difficult Breathing

### BLS INTERVENTIONS

1. Assess environment and determine possible causes.
2. Remove patient from suspected source and decontaminate as indicated.
3. Recognize s/s of respiratory distress for age.
4. Reduce anxiety, assist patient to assume POC.
5. Oxygen administration as clinically indicated, (humidified oxygen preferred).

### ALS INTERVENTIONS

1. Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible.
2. Nebulized Albuterol 2.5 mg with Atrovent may repeat times two (2).
  - a. 1 Day to 12 months – Atrovent 0.25mg
  - b. 1 year to 14 years – Atrovent 0.5mg
3. If no response to Albuterol and Atrovent, consider Epinephrine (1:1,000) 0.01mg/kg SC not to exceed adult dosage of 0.3mg.
4. Obtain vascular access at a TKO rate.
5. Consider Protocol Reference #14030 Pediatric Allergic Reaction if allergic reaction suspected.
6. Base hospital physician may order additional medications or interventions as indicated by patient condition.